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Effective on 12/08/2004
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)**FEE TRANSMITTAL**
For FY 2008**Complete if Known**

Application Number	10/086,029
Filing Date	02/27/2002
First Named Inventor	Nancy Cam-Winget
Examiner Name	Syed Zia
Art Unit	2131
Attorney Docket No	ATH-0073

☐ Applicant claims small entity status. See 37 C.F.R. § 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **510.00****METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: **50-0574** Deposit Account Name: **Bever, Hoffman & Harms, LLP**

For the above-identified deposit account, the Director is hereby authorized to; (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)	<input type="checkbox"/> Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	\$
Design	210	105	100	50	130	65	\$
Plant	210	105	310	155	160	80	\$
Reissue	310	155	510	255	620	310	\$
Provisional	210	105	0	0	0	0	\$

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>
- 20 or HP =		x	=

HP = highest number of total claims paid for, if great than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =		x	=

HP = highest number of total claims paid for, if great than 3.

	Small Entity Fee(\$)	Fee(\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185
<u>Multiple Dependent Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **APPEAL BRIEF**Fee Paid (\$)**\$510.00****SUBMITTED BY****Signature:**

Registration No. 35537

Telephone: 408-451-5907

Name (Print/Type) Jeanette S. Harms

Date: February 13, 2008